UNITED NATIONS

E

Economic and Social Council

Distr.
LIMITED

E/ICEF/1996/P/L.37
20 November 1995
ENGLISH
ORIGINAL: FRENCH

UNITED NATIONS CHILDREN'S FUND
Executive Board
First regular session 1995
22-26 January 1996
Item 9 of the provisional agenda*

FOR ACTION

COUNTRY PROGRAMME STRATEGY NOTE**

Morocco

SUMMARY

The Executive Director presents the country programme strategy note for Morocco for a programme of cooperation for the period 1997 to 2001.

In designing this strategy, account has been taken of the country's middle income status, its recent economic difficulties and the persistent inequalities between urban and rural areas. Despite these constraints, Morocco has achieved notable progress in the field of child survival and development. The most urgent challenge currently facing the country is to address the problems of survival and protection in urban fringe areas and disadvantaged regions and to reverse the unfavourable trend in the indicators for maternal mortality and school enrolment among girls in rural areas. A new frame of reference for cooperation between Morocco and the United Nations system has been elaborated on the basis of the guidelines laid down in 1993 in the national plan of action and, with effect from 1996, in the country strategy note. The aims of the proposed programme of cooperation are to reduce maternal and child mortality rates, expand access to drinking water supply and make basic education universal. The proposed programme strategy will operate at two levels: firstly, by promoting advocacy and social mobilization activities aimed at ensuring the continuity of national programmes; and, secondly, by implementing integrated regional projects. The scope of activities will be expanded to encompass not only children and mothers but also families and communities. The focus on programme decentralization will lead to greater activity in the heart of regional pockets of inequality.

* E/ICEF/1996/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its third regular session of 1996.

95-36578 (E) 051295 111295 121295

/...

THE SITUATION OF CHILDREN AND WOMEN

1. Children under the age of 15 make up more than 40 per cent of Morocco's population of 26 million. With a life expectancy at birth of 67.5 years, a fertility rate of 4 children per woman and a per capita gross national product of US$ 1,030 in 1993, Morocco is a middle income country occupying 117th place among countries classified according to the human development index (1995). The difficulties currently experienced by the national economy have placed the population under severe strain: debt servicing accounted for 34 per cent of export earnings in 1992; 17 per cent of the economically active population in urban areas is unemployed; and rural incomes have declined steadily as a result of prolonged drought. According to a 1994 World Bank report, 1.8 million Moroccans, of whom 80 per cent live in rural areas, earn less than $230 a year.

2. Despite these adverse conditions, Morocco has made appreciable gains in the areas of child survival, protection and development, mainly as a result of the upgrading of the health care system. According to a national population and health survey, in 1992 the infant mortality rate (IMR) was estimated at 57 per 1,000 live births and the under-five mortality rate (U5MR) at 76 per 1,000 live births. Diarrhoeal disease is the leading cause of death in children under the age of 5 (39 per cent), followed by infectious diseases (22 per cent) and acute respiratory infections (ARI) (14 per cent). The mid-term objective of 80 per cent immunization coverage has been attained and no case of poliomyelitis has been reported since 1991. Inspired by the unswerving commitment of the royal family to the cause of children, the country has been making greater efforts on their behalf. Morocco ratified the Convention on the Rights of the Child in June 1993 and has established a standing congress on the rights of the child.

3. Despite these efforts, however, the results in certain areas fall short of national expectations. Morocco seems to have lost some of its edge as regards maternal and infant mortality indicators. According to a national survey conducted in 1995 using the panel system, the neonatal mortality rate was 37 per 1,000 live births in 1995, as against 31 in 1992. The maternal mortality rate (MMR) is unusually high by comparison with the other countries of the subregion and was 332 per 100,000 live births in 1992. This result reflects the lack of an effective strategy for improving women's living conditions in terms of the health conditions prevailing in rural areas. Only 6 per cent of childbirths are attended by a doctor and 20 per cent by a nurse or midwife.

4. According to the Ministry of National Education, while the overall rate of school enrolment was 67 per cent in 1991, the rate in rural areas was only 37 per cent. Moroccan women and girls remain especially vulnerable because of their low educational levels. The overall literacy rate among women was 32 per cent in 1991 and only 10 per cent in rural areas. The rate of school enrolment among girls remains extremely low in rural areas, with 58 per cent enrolled in the first year of the primary cycle in 1993, as against 92 per cent in urban areas.

5. In addition to gender disparities, persistent geographical inequalities are affecting the country's development. Deteriorating living conditions are

exacerbating rural poverty, particularly for women heads of household, mainly because of the difficulties caused by their remoteness from health centres. The proportion of women who receive at least one prenatal check-up is 18 per cent in rural areas, as against 61 per cent in urban areas. Only 14 per cent of the rural population has access to drinking water, which is widely available to city dwellers. Disparities also exist among different local communities because of natural conditions such as isolation or desertification. The social and health conditions under which many families are living in some disadvantaged urban fringe areas are so precarious as to encourage the phenomenon of street children.

LESSONS LEARNED FROM PAST COOPERATION

6. The Government and the agencies of the Joint Consultative Group on Policy (JCGP) conducted a joint mid-term review in February 1995. The review permitted an evaluation to be made of the impact of certain UNICEF contributions. The health programme has been remarkably successful in the national immunization programme, the control of diarrhoeal disease (CDD), the elimination of iodine deficiency disorders (IDD) and the control of acute respiratory infections (ARI). By contrast, the impact of the safe motherhood programme has been inadequate, mainly because of the limited rate of health coverage in rural areas. The project to increase school enrolment among girls through training and social mobilization programmes has benefited 17 provinces. The intersectoral, decentralized approach of this project has led several donors (the World Bank, the United Nations Educational, Scientific and Cultural Organization, the United States Agency for International Development) to concern themselves with the situation of girls in rural areas. Integrated basic services have been introduced in rural areas in five provinces, with meaningful participation on the part of elected officials and local authorities. Thanks to the programme for children in difficult circumstances, it has been possible to launch joint projects with the Moroccan Child Protection League and various non-governmental organizations (NGOs). Considerable progress has also been made in ensuring the continuity of national programmes, strengthening national capacities and developing local funding potential. The political will to redress the imbalance suffered by rural areas is an essential element for future cooperation.

7. The country's development is still subject to many constraints: the national economy is dependent on vulnerable sectors and the unstable economic situation in the subregion acts as a brake on its development; disparities between urban and rural areas, as well as between women and men, are still very much in evidence; national policies are difficult to implement because of a cumbersome bureaucracy and the rigid top-down approach of national programmes; and too few local associations are active in rural areas. The next cooperation programme will place emphasis on decentralization, in order to ensure that UNICEF funding contributes fully to achieving the goals laid down by the World Summit for Children. Activities will therefore be concentrated mainly within regional pockets of inequality.

PROPOSED COUNTRY PROGRAMME STRATEGY

8. The national objectives to the year 2000 were set out in 1993 in the national plan of action. Based on national programming estimates, these objectives are: to reduce the infant mortality rate from 57 to 50 per 1,000 live births and the under-five mortality rate from 76 to 68 per thousand live births; to reduce the maternal mortality rate by 10 per cent and the rates of moderate and severe (weight/size) malnutrition by 1.5 per cent; to reduce the illiteracy rate from 50 per cent to 42 per cent; to extend the coverage of drinking water supply in rural areas from 14 per cent to 80 per cent; to make basic education available to 90 per cent of school-age children, compared with the current average of 63 per cent; and, lastly, to ensure the survival and development of children living in difficult circumstances. The overall objective of the Morocco/UNICEF programme of cooperation for the period 1997-2001 is to contribute to the realization of national objectives, with emphasis on reducing maternal and infant mortality rates, providing access to drinking water and making basic education available to all.

9. In the context of the programming process that will lead to the adoption, in 1996, of the country strategy note, joint deliberation among the partners has produced agreement that the scope of UNICEF action should be extended beyond children and mothers to include families and the community. Families will be reached mainly through a comprehensive approach to education, comprising reproductive health, parent education and the promotion of schooling for girls. Cooperation among development agencies will be a decisive strategic element, as will the implementation of joint sectoral activities at the national and regional levels.

10. At the national level, priority will be given to advocacy and social mobilization activities designed to ensure that action is sustained. The proposed programme will comprise: (a) support for central institutions in establishing sectoral strategies tailored to the rural environment; (b) advocacy and the mobilization of civil society with the support of organizations already committed to the cause of children (in particular, the Moroccan Association for UNICEF (AMS); (c) the development of information, education and communication (IEC) activities in cooperation with the Ministry of Communication, with a view to ensuring the continuity of national programmes (immunization, control of diarrhoeal disease (CDD), elimination of iodine deficiency disorders, school enrolment of girls and safe motherhood); (d) follow-up of the implementation of the Convention on the Rights of the Child, as well as support for Child Situation Watch; and (e) mobilization of funds, mainly in the private sector. In addition to the UNICEF Greeting Card Operation, experiments with the joint financing of projects will be launched in conjunction with local associations such as the Moroccan Association for UNICEF.

11. At the regional level, the areas of operation and the integrated projects to be developed as a priority will be determined by joint deliberation. The programme for the establishment of integrated basic services in rural areas will be extended to mountainous and pre-Saharan regions, such as Tensift, the north-west and the south. The proposed areas of action relate to education, health, hygiene and vulnerable women and children.

12. Formal and non-formal education will serve as a common denominator for regional activities. The strategy of the formal education programme will be to stimulate the educational role of the family and to upgrade primary education, notably through teacher training and the redesign of school curricula to meet the needs of rural communities. In non-formal education, particular attention will be given to the advancement and development of women through such activities as literacy training and parent education (establishment of schools for parents).

13. The basic health care programme is aimed at ensuring more equitable access to health care for the population of target areas. The Bamako Initiative will serve as a frame of reference for efforts to increase the responsibilities of local communities and decentralize the management of health care. The proposed programme will have various components: (a) expansion of primary health care services; (b) strengthening of the institutional capacities of the health system (improved management, planning and monitoring); (c) support for the strategy of developing essential medicines with a view to ensuring that a "minimum package" of basic health services is available; and (d) development of mechanisms for funding the health system and covering costs. Special attention will be paid to improving the services needed to promote women's health. The health programme will be implemented with the support of social mobilization and IEC. It will be developed within the framework of the country strategy note and will complement the activities of other United Nations agencies, the European Union, bilateral cooperation and non-governmental organizations.

14. The water-sanitation-hygiene programme will focus on the following: (a) development of water points, with particular emphasis on the use of local technology and the strengthening of community participation in the management of facilities; (b) sanitation in the areas of operation, particularly through waste disposal; (c) promotion of hygiene education activities to coincide with the installation of water points and latrines in schools; (d) activities to raise women's awareness of the need to use water sparingly in time of drought; and (e) development of regional projects in priority areas on the basis of a joint commitment between members of civil society and donors.

15. The programme for vulnerable women and children will be concerned primarily with the problems of survival and protection in disadvantaged urban fringe areas. The target categories will be female heads of household, young women in difficult circumstances, working children, disabled children and street children. The proposed programme will develop integrated activities covering women's health, alleviation of their tasks, their children's living conditions and the creation of income-generating activities. Projects will be identified according to the needs expressed by the community and implemented in conjunction with non-governmental organizations, local authorities and the agencies of the Joint Consultative Group on Policy (JCGP).

ESTIMATED PROGRAMME BUDGET

Estimated programme cooperation, 1997-2001 a/

(In thousands of United States dollars)

	General resources	Supplementary funds	Total
Basic health care	2 950	1 800	4 750
Water, sanitation and hygiene	650	2 600	3 250
Vulnerable women and children	450	1 450	1 900
Basic education	1 850	1 350	3 200
Advocacy and information, education and communication	1 460	1 800	3 260
Total	7 360	9 000	16 360

a/ These are indicative figures only which are subject to change once aggregate financial data are finalized.